

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823274

1. Entity Name

COLLEGE ENTRANCE EXAMINATION BOARD

Principal Place of Business

45 COLUMBUS AVENUE
NEW YORK NY 10026-6992

Mailing Address

45 COLUMBUS AVENUE
NEW YORK NY 10023-6917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1623965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSLEY, AUSLY, MCMILLAN, MCGHEE, & CRTHRS
WASHINGTON SQ BLDG
TALLAHASSEE FL 32302

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARKER, CAROL M.	
STREET ADDRESS	900 W END AVE. #15H	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DONALD M.	
STREET ADDRESS	45 COLUMBUS AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, KENNETH W.	
STREET ADDRESS	20 BROOKLINE RD.	
CITY-ST-ZIP	SCARSDALE, NY.	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	KENNETH B. BROWN	
STREET ADDRESS	45 COLUMBUS AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAYZANT, THOMAS W	
STREET ADDRESS	25 COURT ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLEMENT, LINDA M	
STREET ADDRESS	MITCHELL BLDG	
CITY-ST-ZIP	COLLEGE PARK MD 20742	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendel, Patricia K.	
STREET ADDRESS	500 East 77 Street	
CITY-ST-ZIP	New York, NY 10162	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaston Caperton	
STREET ADDRESS	1 West 72 Street	
CITY-ST-ZIP	New York, NY 10023	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick H. Dietrich	
STREET ADDRESS	0 Heritage Court	
CITY-ST-ZIP	Hillside, NJ 07642	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Weingarten	
STREET ADDRESS	45 Columbus Avenue	
CITY-ST-ZIP	New York, NY 10023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Weingarten

4/24/00

212-713-8024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)